



Human Services Committee

Filed: 3/21/2007

09500HB0115ham001

LRB095 03811 KBJ 32671 a

1 AMENDMENT TO HOUSE BILL 115

2 AMENDMENT NO. _____. Amend House Bill 115 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall provide
9 the post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t of
11 the Illinois Insurance Code. The program of health benefits
12 shall provide the coverage required under Sections 356u, 356w,
13 356x, 356z.2, 356z.4, ~~and~~ 356z.6, and 356z.9 of the Illinois
14 Insurance Code. The program of health benefits must comply with
15 Section 155.37 of the Illinois Insurance Code.

16 (Source: P.A. 92-440, eff. 8-17-01; 92-764, eff. 1-1-03;

1 93-102, eff. 1-1-04; 93-853, eff. 1-1-05.)

2 Section 10. The Department of Public Health Powers and
3 Duties Law of the Civil Administrative Code of Illinois is
4 amended by changing Section 2310-353 as follows:

5 (20 ILCS 2310/2310-353)

6 Sec. 2310-353. Cervical Cancer Elimination Task Force.

7 (a) A standing Task Force on Cervical Cancer Elimination
8 ("Task Force") is established within the Illinois Department of
9 Public Health.

10 (b) The Task Force shall have 12 members appointed by the
11 Director of Public Health as follows:

12 (1) A representative of an organization relating to
13 women and cancer.

14 (2) A representative of an organization providing
15 health care to women.

16 (3) A health educator.

17 (4) A representative of a national organization
18 relating to cancer treatment who is an oncologist.

19 (5) A representative of the health insurance industry.

20 (6) A representative of a national organization of
21 obstetricians and gynecologists.

22 (7) A representative of a national organization of
23 family physicians.

24 (8) The State Epidemiologist.

1 (9) A member at-large with an interest in women's
2 health.

3 (10) A social marketing expert on health issues.

4 (11) A licensed registered nurse.

5 (12) A member of the Illinois Breast and Cervical
6 Cancer Medical Advisory Committee.

7 The directors of Public Health and Healthcare and Family
8 Services ~~Public Aid~~, and the Secretary of Human Services, or
9 their designees, and the Chair and Vice-Chair of the Conference
10 of Women Legislators in Illinois, or their designees, shall be
11 ex officio members of the Task Force. The Director of Public
12 Health shall also consult with the Speaker of the House of
13 Representatives, the Minority Leader of the House of
14 Representatives, the President of the Senate, and the Minority
15 Leader of the Senate in the designation of members of the
16 Illinois General Assembly as ex-officio members.

17 Appointments to the Task Force should reflect the
18 composition of the Illinois population with regard to ethnic,
19 racial, age, and religious composition.

20 (c) The Director of Public Health shall appoint a Chair
21 from among the members of the Task Force. The Task Force shall
22 elect a Vice-Chair from its members. Initial appointments to
23 the Task Force shall be made not later than 30 days after the
24 effective date of this amendatory Act of the 93rd General
25 Assembly. A majority of the Task Force shall constitute a
26 quorum for the transaction of its business. The Task Force

1 shall meet at least quarterly. The Task Force Chair may
2 establish sub-committees for the purpose of making special
3 studies; such sub-committees may include non-Task-Force
4 members as resource persons.

5 (d) Members of the Task Force shall be reimbursed for their
6 necessary expenses incurred in performing their duties. The
7 Department of Public Health shall provide staff and technical
8 assistance to the Task Force to the extent possible within
9 annual appropriations for its ordinary and contingent
10 expenses.

11 (e) The Task Force shall have the following duties:

12 (1) To obtain from the Department of Public Health, if
13 available, data and analyses regarding the prevalence and
14 burden of cervical cancer. The Task Force may conduct or
15 arrange for independent studies and analyses.

16 (2) To coordinate the efforts of the Task Force with
17 existing State committees and programs providing cervical
18 cancer screening, education, and case management.

19 (3) To raise public awareness on the causes and nature
20 of cervical cancer, personal risk factors, the value of
21 prevention, early detection, options for testing,
22 treatment costs, new technology, medical care
23 reimbursement, and physician education.

24 (4) To identify priority strategies, new technologies,
25 and newly introduced vaccines that are effective in
26 preventing and controlling the risk of cervical cancer and

1 to reduce the number of women who are unscreened and
2 under-screened for cervical cancer.

3 (5) To identify and examine the limitations of existing
4 laws, regulations, programs, and services with regard to
5 coverage and awareness issues for cervical cancer,
6 including requiring insurance or other coverage for PAP
7 smears and mammograms in accordance with the most recently
8 published American Cancer Society guidelines.

9 (6) To develop a statewide comprehensive Cervical
10 Cancer Prevention Plan and strategies for implementing the
11 Plan and for promoting the Plan to the general public,
12 State and local elected officials, and various public and
13 private organizations, associations, businesses,
14 industries, and agencies.

15 (7) To receive and to consider reports and testimony
16 from individuals, local health departments,
17 community-based organizations, voluntary health
18 organizations, and other public and private organizations
19 statewide to learn more about their contributions to
20 cervical cancer diagnosis, prevention, and treatment and
21 more about their ideas for improving cervical cancer
22 prevention, diagnosis, and treatment in Illinois.

23 (8) To increase awareness about human papillomavirus
24 (HPV) and its link to cervical cancer and cervical
25 dysplasia, the availability and efficacy of the HPV vaccine
26 in the prevention of the disease, and the importance of

1 providing it to young females 9 years of age through 26
2 years of age.

3 (9) To assist in the development and implementation of
4 a plan to provide HPV vaccines to the maximum extent
5 possible throughout the State, as recommended by the U.S.
6 Centers for Disease Control and Prevention.

7 (f) The Task Force shall submit a report to the Governor
8 and the General Assembly by April 1, 2005 and by April 1 of
9 each year thereafter. The report shall include (i) information
10 regarding the progress being made in fulfilling the duties of
11 the Task Force and in developing the Cervical Cancer Prevention
12 Plan and (ii) recommended strategies or actions to reduce the
13 occurrence of cervical cancer and the burdens from cervical
14 cancer suffered by citizens of this State.

15 (g) The Task Force shall expire on April 1, 2009, or upon
16 submission of the Task Force's final report to the Governor and
17 the General Assembly, whichever occurs earlier.

18 (Source: P.A. 93-956, eff. 8-19-04; revised 12-15-05.)

19 Section 15. The Counties Code is amended by changing
20 Section 5-1069.3 as follows:

21 (55 ILCS 5/5-1069.3)

22 Sec. 5-1069.3. Required health benefits. If a county,
23 including a home rule county, is a self-insurer for purposes of
24 providing health insurance coverage for its employees, the

1 coverage shall include coverage for the post-mastectomy care
2 benefits required to be covered by a policy of accident and
3 health insurance under Section 356t and the coverage required
4 under Sections 356u, 356w, 356x, ~~and~~ 356z.6, and 356z.9 of the
5 Illinois Insurance Code. The requirement that health benefits
6 be covered as provided in this Section is an exclusive power
7 and function of the State and is a denial and limitation under
8 Article VII, Section 6, subsection (h) of the Illinois
9 Constitution. A home rule county to which this Section applies
10 must comply with every provision of this Section.

11 (Source: P.A. 93-853, eff. 1-1-05.)

12 Section 20. The Illinois Municipal Code is amended by
13 changing Section 10-4-2.3 as follows:

14 (65 ILCS 5/10-4-2.3)

15 Sec. 10-4-2.3. Required health benefits. If a
16 municipality, including a home rule municipality, is a
17 self-insurer for purposes of providing health insurance
18 coverage for its employees, the coverage shall include coverage
19 for the post-mastectomy care benefits required to be covered by
20 a policy of accident and health insurance under Section 356t
21 and the coverage required under Sections 356u, 356w, 356x, ~~and~~
22 356z.6, and 356z.9 of the Illinois Insurance Code. The
23 requirement that health benefits be covered as provided in this
24 is an exclusive power and function of the State and is a denial

1 and limitation under Article VII, Section 6, subsection (h) of
2 the Illinois Constitution. A home rule municipality to which
3 this Section applies must comply with every provision of this
4 Section.

5 (Source: P.A. 93-853, eff. 1-1-05.)

6 Section 25. The School Code is amended by changing Sections
7 10-22.3f and 27-8.1 as follows:

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356u, 356w, 356x, ~~and~~
14 356z.6, 356z.9 of the Illinois Insurance Code.

15 (Source: P.A. 93-853, eff. 1-1-05.)

16 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

17 Sec. 27-8.1. Health examinations and immunizations.

18 (1) In compliance with rules and regulations which the
19 Department of Public Health shall promulgate, and except as
20 hereinafter provided, all children in Illinois shall have a
21 health examination as follows: within one year prior to
22 entering kindergarten or the first grade of any public,
23 private, or parochial elementary school; upon entering the

1 fifth and ninth grades of any public, private, or parochial
2 school; prior to entrance into any public, private, or
3 parochial nursery school; and, irrespective of grade,
4 immediately prior to or upon entrance into any public, private,
5 or parochial school or nursery school, each child shall present
6 proof of having been examined in accordance with this Section
7 and the rules and regulations promulgated hereunder.

8 A tuberculosis skin test screening shall be included as a
9 required part of each health examination included under this
10 Section if the child resides in an area designated by the
11 Department of Public Health as having a high incidence of
12 tuberculosis. Additional health examinations of pupils,
13 including vision examinations, may be required when deemed
14 necessary by school authorities. Parents are encouraged to have
15 their children undergo vision examinations at the same points
16 in time required for health examinations.

17 (1.5) In compliance with rules adopted by the Department of
18 Public Health and except as otherwise provided in this Section,
19 all children in kindergarten and the second and sixth grades of
20 any public, private, or parochial school shall have a dental
21 examination. Each of these children shall present proof of
22 having been examined by a dentist in accordance with this
23 Section and rules adopted under this Section before May 15th of
24 the school year. If a child in the second or sixth grade fails
25 to present proof by May 15th, the school may hold the child's
26 report card until one of the following occurs: (i) the child

1 presents proof of a completed dental examination or (ii) the
2 child presents proof that a dental examination will take place
3 within 60 days after May 15th. The Department of Public Health
4 shall establish, by rule, a waiver for children who show an
5 undue burden or a lack of access to a dentist. Each public,
6 private, and parochial school must give notice of this dental
7 examination requirement to the parents and guardians of
8 students at least 60 days before May 15th of each school year.

9 (2) The Department of Public Health shall promulgate rules
10 and regulations specifying the examinations and procedures
11 that constitute a health examination, which shall include the
12 collection of data relating to obesity, (including at a
13 minimum, date of birth, gender, height, weight, blood pressure,
14 and date of exam), and a dental examination and may recommend
15 by rule that certain additional examinations be performed. The
16 rules and regulations of the Department of Public Health shall
17 specify that a tuberculosis skin test screening shall be
18 included as a required part of each health examination included
19 under this Section if the child resides in an area designated
20 by the Department of Public Health as having a high incidence
21 of tuberculosis. The Department of Public Health shall specify
22 that a diabetes screening as defined by rule shall be included
23 as a required part of each health examination. Diabetes testing
24 is not required.

25 Physicians licensed to practice medicine in all of its
26 branches, advanced practice nurses who have a written

1 collaborative agreement with a collaborating physician which
2 authorizes them to perform health examinations, or physician
3 assistants who have been delegated the performance of health
4 examinations by their supervising physician shall be
5 responsible for the performance of the health examinations,
6 other than dental examinations and vision and hearing
7 screening, and shall sign all report forms required by
8 subsection (4) of this Section that pertain to those portions
9 of the health examination for which the physician, advanced
10 practice nurse, or physician assistant is responsible. If a
11 registered nurse performs any part of a health examination,
12 then a physician licensed to practice medicine in all of its
13 branches must review and sign all required report forms.
14 Licensed dentists shall perform all dental examinations and
15 shall sign all report forms required by subsection (4) of this
16 Section that pertain to the dental examinations. Physicians
17 licensed to practice medicine in all its branches, or licensed
18 optometrists, shall perform all vision exams required by school
19 authorities and shall sign all report forms required by
20 subsection (4) of this Section that pertain to the vision exam.
21 Vision and hearing screening tests, which shall not be
22 considered examinations as that term is used in this Section,
23 shall be conducted in accordance with rules and regulations of
24 the Department of Public Health, and by individuals whom the
25 Department of Public Health has certified. In these rules and
26 regulations, the Department of Public Health shall require that

1 individuals conducting vision screening tests give a child's
2 parent or guardian written notification, before the vision
3 screening is conducted, that states, "Vision screening is not a
4 substitute for a complete eye and vision evaluation by an eye
5 doctor. Your child is not required to undergo this vision
6 screening if an optometrist or ophthalmologist has completed
7 and signed a report form indicating that an examination has
8 been administered within the previous 12 months."

9 (3) Every child shall, at or about the same time as he or
10 she receives a health examination required by subsection (1) of
11 this Section, present to the local school proof of having
12 received such immunizations against preventable communicable
13 diseases as the Department of Public Health shall require by
14 rules and regulations promulgated pursuant to this Section and
15 the Communicable Disease Prevention Act. Beginning with the
16 2008-2009 school year, the parent or legal guardian of a female
17 child entering the fifth grade (or such other grade as the
18 Department of Public Health designates by rule) of any public,
19 private, or parochial school for the first time must submit a
20 statement to the local school, which must be signed by a
21 physician licensed to practice medicine in all of its branches,
22 to the effect that the parent or guardian received information
23 from the physician on the connection between human
24 papillomavirus (HPV) and cervical cancer, which information
25 the physician must provide, and verifying that the child
26 received the HPV vaccine or that the parent or guardian, having

1 received the information, elected not to have the child receive
2 the HPV vaccine and that the child did not receive the HPV
3 vaccine. The Department of Public Health may prescribe a
4 uniform statement to be used for this purpose.

5 (4) The individuals conducting the health examination or
6 dental examination shall record the fact of having conducted
7 the examination, and such additional information as required,
8 including for a health examination data relating to obesity,
9 (including at a minimum, date of birth, gender, height, weight,
10 blood pressure, and date of exam), on uniform forms which the
11 Department of Public Health and the State Board of Education
12 shall prescribe for statewide use. The examiner shall summarize
13 on the report form any condition that he or she suspects
14 indicates a need for special services, including for a health
15 examination factors relating to obesity. The individuals
16 confirming the administration of required immunizations shall
17 record as indicated on the form that the immunizations were
18 administered.

19 (5) If a child does not submit proof of having had either
20 the health examination or the immunization as required, then
21 the child shall be examined or receive the immunization, as the
22 case may be, and present proof by October 15 of the current
23 school year, or by an earlier date of the current school year
24 established by a school district. To establish a date before
25 October 15 of the current school year for the health
26 examination or immunization as required, a school district must

1 give notice of the requirements of this Section 60 days prior
2 to the earlier established date. If for medical reasons one or
3 more of the required immunizations must be given after October
4 15 of the current school year, or after an earlier established
5 date of the current school year, then the child shall present,
6 by October 15, or by the earlier established date, a schedule
7 for the administration of the immunizations and a statement of
8 the medical reasons causing the delay, both the schedule and
9 the statement being issued by the physician, advanced practice
10 nurse, physician assistant, registered nurse, or local health
11 department that will be responsible for administration of the
12 remaining required immunizations. If a child does not comply by
13 October 15, or by the earlier established date of the current
14 school year, with the requirements of this subsection, then the
15 local school authority shall exclude that child from school
16 until such time as the child presents proof of having had the
17 health examination as required and presents proof of having
18 received those required immunizations which are medically
19 possible to receive immediately. During a child's exclusion
20 from school for noncompliance with this subsection, the child's
21 parents or legal guardian shall be considered in violation of
22 Section 26-1 and subject to any penalty imposed by Section
23 26-10. This subsection (5) does not apply to dental
24 examinations.

25 (6) Every school shall report to the State Board of
26 Education by November 15, in the manner which that agency shall

1 require, the number of children who have received the necessary
2 immunizations and the health examination (other than a dental
3 examination) as required, indicating, of those who have not
4 received the immunizations and examination as required, the
5 number of children who are exempt from health examination and
6 immunization requirements on religious or medical grounds as
7 provided in subsection (8). This report shall also include the
8 number of female children entering the fifth grade (or such
9 other grade as the Department of Public Health designates by
10 rule) who have received a human papillomavirus (HPV)
11 vaccination and the number of female children who have not
12 received an HPV vaccination. Every school shall report to the
13 State Board of Education by June 30, in the manner that the
14 State Board requires, the number of children who have received
15 the required dental examination, indicating, of those who have
16 not received the required dental examination, the number of
17 children who are exempt from the dental examination on
18 religious grounds as provided in subsection (8) of this Section
19 and the number of children who have received a waiver under
20 subsection (1.5) of this Section. This reported information
21 shall be provided to the Department of Public Health by the
22 State Board of Education.

23 (7) Upon determining that the number of pupils who are
24 required to be in compliance with subsection (5) of this
25 Section is below 90% of the number of pupils enrolled in the
26 school district, 10% of each State aid payment made pursuant to

1 Section 18-8.05 to the school district for such year shall be
2 withheld by the regional superintendent until the number of
3 students in compliance with subsection (5) is the applicable
4 specified percentage or higher.

5 (8) Parents or legal guardians who object to health or
6 dental examinations or any part thereof, or to immunizations,
7 on religious grounds shall not be required to submit their
8 children or wards to the examinations or immunizations to which
9 they so object if such parents or legal guardians present to
10 the appropriate local school authority a signed statement of
11 objection, detailing the grounds for the objection. If the
12 physical condition of the child is such that any one or more of
13 the immunizing agents should not be administered, the examining
14 physician, advanced practice nurse, or physician assistant
15 responsible for the performance of the health examination shall
16 endorse that fact upon the health examination form. Exempting a
17 child from the health or dental examination does not exempt the
18 child from participation in the program of physical education
19 training provided in Sections 27-5 through 27-7 of this Code.

20 (9) For the purposes of this Section, "nursery schools"
21 means those nursery schools operated by elementary school
22 systems or secondary level school units or institutions of
23 higher learning.

24 (Source: P.A. 92-703, eff. 7-19-02; 93-504, eff. 1-1-04;
25 93-530, eff. 1-1-04; 93-946, eff. 7-1-05; 93-966, eff. 1-1-05;
26 revised 12-1-05.)

1 Section 30. The Illinois Insurance Code is amended by
2 adding Section 356z.9 as follows:

3 (215 ILCS 5/356z.9 new)

4 Sec. 356z.9. Human papillomavirus. A group or individual
5 policy of accident and health insurance or managed care plan
6 amended, delivered, issued, or renewed after the effective date
7 of the amendatory Act of the 95th General Assembly must provide
8 coverage for a vaccine for human papillomavirus (HPV) that is
9 approved for marketing by the federal Food and Drug
10 Administration.

11 Section 35. The Health Maintenance Organization Act is
12 amended by changing Section 5-3 as follows:

13 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to
16 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
17 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
18 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
19 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9 364.01,
20 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,
21 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
22 paragraph (c) of subsection (2) of Section 367, and Articles

1 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
2 the Illinois Insurance Code.

3 (b) For purposes of the Illinois Insurance Code, except for
4 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
5 Maintenance Organizations in the following categories are
6 deemed to be "domestic companies":

7 (1) a corporation authorized under the Dental Service
8 Plan Act or the Voluntary Health Services Plans Act;

9 (2) a corporation organized under the laws of this
10 State; or

11 (3) a corporation organized under the laws of another
12 state, 30% or more of the enrollees of which are residents
13 of this State, except a corporation subject to
14 substantially the same requirements in its state of
15 organization as is a "domestic company" under Article VIII
16 1/2 of the Illinois Insurance Code.

17 (c) In considering the merger, consolidation, or other
18 acquisition of control of a Health Maintenance Organization
19 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

20 (1) the Director shall give primary consideration to
21 the continuation of benefits to enrollees and the financial
22 conditions of the acquired Health Maintenance Organization
23 after the merger, consolidation, or other acquisition of
24 control takes effect;

25 (2) (i) the criteria specified in subsection (1) (b) of
26 Section 131.8 of the Illinois Insurance Code shall not

1 apply and (ii) the Director, in making his determination
2 with respect to the merger, consolidation, or other
3 acquisition of control, need not take into account the
4 effect on competition of the merger, consolidation, or
5 other acquisition of control;

6 (3) the Director shall have the power to require the
7 following information:

8 (A) certification by an independent actuary of the
9 adequacy of the reserves of the Health Maintenance
10 Organization sought to be acquired;

11 (B) pro forma financial statements reflecting the
12 combined balance sheets of the acquiring company and
13 the Health Maintenance Organization sought to be
14 acquired as of the end of the preceding year and as of
15 a date 90 days prior to the acquisition, as well as pro
16 forma financial statements reflecting projected
17 combined operation for a period of 2 years;

18 (C) a pro forma business plan detailing an
19 acquiring party's plans with respect to the operation
20 of the Health Maintenance Organization sought to be
21 acquired for a period of not less than 3 years; and

22 (D) such other information as the Director shall
23 require.

24 (d) The provisions of Article VIII 1/2 of the Illinois
25 Insurance Code and this Section 5-3 shall apply to the sale by
26 any health maintenance organization of greater than 10% of its

1 enrollee population (including without limitation the health
2 maintenance organization's right, title, and interest in and to
3 its health care certificates).

4 (e) In considering any management contract or service
5 agreement subject to Section 141.1 of the Illinois Insurance
6 Code, the Director (i) shall, in addition to the criteria
7 specified in Section 141.2 of the Illinois Insurance Code, take
8 into account the effect of the management contract or service
9 agreement on the continuation of benefits to enrollees and the
10 financial condition of the health maintenance organization to
11 be managed or serviced, and (ii) need not take into account the
12 effect of the management contract or service agreement on
13 competition.

14 (f) Except for small employer groups as defined in the
15 Small Employer Rating, Renewability and Portability Health
16 Insurance Act and except for medicare supplement policies as
17 defined in Section 363 of the Illinois Insurance Code, a Health
18 Maintenance Organization may by contract agree with a group or
19 other enrollment unit to effect refunds or charge additional
20 premiums under the following terms and conditions:

21 (i) the amount of, and other terms and conditions with
22 respect to, the refund or additional premium are set forth
23 in the group or enrollment unit contract agreed in advance
24 of the period for which a refund is to be paid or
25 additional premium is to be charged (which period shall not
26 be less than one year); and

1 (ii) the amount of the refund or additional premium
2 shall not exceed 20% of the Health Maintenance
3 Organization's profitable or unprofitable experience with
4 respect to the group or other enrollment unit for the
5 period (and, for purposes of a refund or additional
6 premium, the profitable or unprofitable experience shall
7 be calculated taking into account a pro rata share of the
8 Health Maintenance Organization's administrative and
9 marketing expenses, but shall not include any refund to be
10 made or additional premium to be paid pursuant to this
11 subsection (f)). The Health Maintenance Organization and
12 the group or enrollment unit may agree that the profitable
13 or unprofitable experience may be calculated taking into
14 account the refund period and the immediately preceding 2
15 plan years.

16 The Health Maintenance Organization shall include a
17 statement in the evidence of coverage issued to each enrollee
18 describing the possibility of a refund or additional premium,
19 and upon request of any group or enrollment unit, provide to
20 the group or enrollment unit a description of the method used
21 to calculate (1) the Health Maintenance Organization's
22 profitable experience with respect to the group or enrollment
23 unit and the resulting refund to the group or enrollment unit
24 or (2) the Health Maintenance Organization's unprofitable
25 experience with respect to the group or enrollment unit and the
26 resulting additional premium to be paid by the group or

1 enrollment unit.

2 In no event shall the Illinois Health Maintenance
3 Organization Guaranty Association be liable to pay any
4 contractual obligation of an insolvent organization to pay any
5 refund authorized under this Section.

6 (Source: P.A. 93-102, eff. 1-1-04; 93-261, eff. 1-1-04; 93-477,
7 eff. 8-8-03; 93-529, eff. 8-14-03; 93-853, eff. 1-1-05;
8 93-1000, eff. 1-1-05; 94-906, eff. 1-1-07; 94-1076, eff.
9 12-29-06; revised 1-5-07.)

10 Section 40. The Voluntary Health Services Plans Act is
11 amended by changing Section 10 as follows:

12 (215 ILCS 165/10) (from Ch. 32, par. 604)

13 Sec. 10. Application of Insurance Code provisions. Health
14 services plan corporations and all persons interested therein
15 or dealing therewith shall be subject to the provisions of
16 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
17 149, 155.37, 354, 355.2, 356r, 356t, 356u, 356v, 356w, 356x,
18 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
19 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
20 and 412, and paragraphs (7) and (15) of Section 367 of the
21 Illinois Insurance Code.

22 (Source: P.A. 93-102, eff. 1-1-04; 93-529, eff. 8-14-03;
23 93-853, eff. 1-1-05; 93-1000, eff. 1-1-05; 94-1076, eff.
24 12-29-06.)

1 Section 45. The Illinois Public Aid Code is amended by
2 changing Section 5-5 as follows:

3 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

4 Sec. 5-5. Medical services. The Illinois Department, by
5 rule, shall determine the quantity and quality of and the rate
6 of reimbursement for the medical assistance for which payment
7 will be authorized, and the medical services to be provided,
8 which may include all or part of the following: (1) inpatient
9 hospital services; (2) outpatient hospital services; (3) other
10 laboratory and X-ray services; (4) skilled nursing home
11 services; (5) physicians' services whether furnished in the
12 office, the patient's home, a hospital, a skilled nursing home,
13 or elsewhere; (6) medical care, or any other type of remedial
14 care furnished by licensed practitioners; (7) home health care
15 services; (8) private duty nursing service; (9) clinic
16 services; (10) dental services, including prevention and
17 treatment of periodontal disease and dental caries disease for
18 pregnant women; (11) physical therapy and related services;
19 (12) prescribed drugs, dentures, and prosthetic devices; and
20 eyeglasses prescribed by a physician skilled in the diseases of
21 the eye, or by an optometrist, whichever the person may select;
22 (13) other diagnostic, screening, preventive, and
23 rehabilitative services; (14) transportation and such other
24 expenses as may be necessary; (15) medical treatment of sexual

1 assault survivors, as defined in Section 1a of the Sexual
2 Assault Survivors Emergency Treatment Act, for injuries
3 sustained as a result of the sexual assault, including
4 examinations and laboratory tests to discover evidence which
5 may be used in criminal proceedings arising from the sexual
6 assault; (16) the diagnosis and treatment of sickle cell
7 anemia; and (17) any other medical care, and any other type of
8 remedial care recognized under the laws of this State, but not
9 including abortions, or induced miscarriages or premature
10 births, unless, in the opinion of a physician, such procedures
11 are necessary for the preservation of the life of the woman
12 seeking such treatment, or except an induced premature birth
13 intended to produce a live viable child and such procedure is
14 necessary for the health of the mother or her unborn child. The
15 Illinois Department, by rule, shall prohibit any physician from
16 providing medical assistance to anyone eligible therefor under
17 this Code where such physician has been found guilty of
18 performing an abortion procedure in a wilful and wanton manner
19 upon a woman who was not pregnant at the time such abortion
20 procedure was performed. The term "any other type of remedial
21 care" shall include nursing care and nursing home service for
22 persons who rely on treatment by spiritual means alone through
23 prayer for healing.

24 Notwithstanding any other provision of this Section, a
25 comprehensive tobacco use cessation program that includes
26 purchasing prescription drugs or prescription medical devices

1 approved by the Food and Drug administration shall be covered
2 under the medical assistance program under this Article for
3 persons who are otherwise eligible for assistance under this
4 Article.

5 Notwithstanding any other provision of this Code, the
6 Illinois Department may not require, as a condition of payment
7 for any laboratory test authorized under this Article, that a
8 physician's handwritten signature appear on the laboratory
9 test order form. The Illinois Department may, however, impose
10 other appropriate requirements regarding laboratory test order
11 documentation.

12 The ~~Illinois~~ Department of Healthcare and Family Services
13 ~~Public Aid~~ shall provide the following services to persons
14 eligible for assistance under this Article who are
15 participating in education, training or employment programs
16 operated by the Department of Human Services as successor to
17 the Department of Public Aid:

18 (1) dental services, which shall include but not be
19 limited to prosthodontics; and

20 (2) eyeglasses prescribed by a physician skilled in the
21 diseases of the eye, or by an optometrist, whichever the
22 person may select.

23 The Department of Healthcare and Family Services shall
24 provide a vaccine for human papillomavirus (HPV) that is
25 approved for marketing by the federal Food and Drug
26 Administration.

1 The Illinois Department, by rule, may distinguish and
2 classify the medical services to be provided only in accordance
3 with the classes of persons designated in Section 5-2.

4 The Illinois Department shall authorize the provision of,
5 and shall authorize payment for, screening by low-dose
6 mammography for the presence of occult breast cancer for women
7 35 years of age or older who are eligible for medical
8 assistance under this Article, as follows: a baseline mammogram
9 for women 35 to 39 years of age and an annual mammogram for
10 women 40 years of age or older. All screenings shall include a
11 physical breast exam, instruction on self-examination and
12 information regarding the frequency of self-examination and
13 its value as a preventative tool. As used in this Section,
14 "low-dose mammography" means the x-ray examination of the
15 breast using equipment dedicated specifically for mammography,
16 including the x-ray tube, filter, compression device, image
17 receptor, and cassettes, with an average radiation exposure
18 delivery of less than one rad mid-breast, with 2 views for each
19 breast.

20 Any medical or health care provider shall immediately
21 recommend, to any pregnant woman who is being provided prenatal
22 services and is suspected of drug abuse or is addicted as
23 defined in the Alcoholism and Other Drug Abuse and Dependency
24 Act, referral to a local substance abuse treatment provider
25 licensed by the Department of Human Services or to a licensed
26 hospital which provides substance abuse treatment services.

1 The Department of Healthcare and Family Services ~~Public Aid~~
2 shall assure coverage for the cost of treatment of the drug
3 abuse or addiction for pregnant recipients in accordance with
4 the Illinois Medicaid Program in conjunction with the
5 Department of Human Services.

6 All medical providers providing medical assistance to
7 pregnant women under this Code shall receive information from
8 the Department on the availability of services under the Drug
9 Free Families with a Future or any comparable program providing
10 case management services for addicted women, including
11 information on appropriate referrals for other social services
12 that may be needed by addicted women in addition to treatment
13 for addiction.

14 The Illinois Department, in cooperation with the
15 Departments of Human Services (as successor to the Department
16 of Alcoholism and Substance Abuse) and Public Health, through a
17 public awareness campaign, may provide information concerning
18 treatment for alcoholism and drug abuse and addiction, prenatal
19 health care, and other pertinent programs directed at reducing
20 the number of drug-affected infants born to recipients of
21 medical assistance.

22 Neither the ~~Illinois~~ Department of Healthcare and Family
23 Services ~~Public Aid~~ nor the Department of Human Services shall
24 sanction the recipient solely on the basis of her substance
25 abuse.

26 The Illinois Department shall establish such regulations

1 governing the dispensing of health services under this Article
2 as it shall deem appropriate. The Department should seek the
3 advice of formal professional advisory committees appointed by
4 the Director of the Illinois Department for the purpose of
5 providing regular advice on policy and administrative matters,
6 information dissemination and educational activities for
7 medical and health care providers, and consistency in
8 procedures to the Illinois Department.

9 The Illinois Department may develop and contract with
10 Partnerships of medical providers to arrange medical services
11 for persons eligible under Section 5-2 of this Code.
12 Implementation of this Section may be by demonstration projects
13 in certain geographic areas. The Partnership shall be
14 represented by a sponsor organization. The Department, by rule,
15 shall develop qualifications for sponsors of Partnerships.
16 Nothing in this Section shall be construed to require that the
17 sponsor organization be a medical organization.

18 The sponsor must negotiate formal written contracts with
19 medical providers for physician services, inpatient and
20 outpatient hospital care, home health services, treatment for
21 alcoholism and substance abuse, and other services determined
22 necessary by the Illinois Department by rule for delivery by
23 Partnerships. Physician services must include prenatal and
24 obstetrical care. The Illinois Department shall reimburse
25 medical services delivered by Partnership providers to clients
26 in target areas according to provisions of this Article and the

1 Illinois Health Finance Reform Act, except that:

2 (1) Physicians participating in a Partnership and
3 providing certain services, which shall be determined by
4 the Illinois Department, to persons in areas covered by the
5 Partnership may receive an additional surcharge for such
6 services.

7 (2) The Department may elect to consider and negotiate
8 financial incentives to encourage the development of
9 Partnerships and the efficient delivery of medical care.

10 (3) Persons receiving medical services through
11 Partnerships may receive medical and case management
12 services above the level usually offered through the
13 medical assistance program.

14 Medical providers shall be required to meet certain
15 qualifications to participate in Partnerships to ensure the
16 delivery of high quality medical services. These
17 qualifications shall be determined by rule of the Illinois
18 Department and may be higher than qualifications for
19 participation in the medical assistance program. Partnership
20 sponsors may prescribe reasonable additional qualifications
21 for participation by medical providers, only with the prior
22 written approval of the Illinois Department.

23 Nothing in this Section shall limit the free choice of
24 practitioners, hospitals, and other providers of medical
25 services by clients. In order to ensure patient freedom of
26 choice, the Illinois Department shall immediately promulgate

1 all rules and take all other necessary actions so that provided
2 services may be accessed from therapeutically certified
3 optometrists to the full extent of the Illinois Optometric
4 Practice Act of 1987 without discriminating between service
5 providers.

6 The Department shall apply for a waiver from the United
7 States Health Care Financing Administration to allow for the
8 implementation of Partnerships under this Section.

9 The Illinois Department shall require health care
10 providers to maintain records that document the medical care
11 and services provided to recipients of Medical Assistance under
12 this Article. The Illinois Department shall require health care
13 providers to make available, when authorized by the patient, in
14 writing, the medical records in a timely fashion to other
15 health care providers who are treating or serving persons
16 eligible for Medical Assistance under this Article. All
17 dispensers of medical services shall be required to maintain
18 and retain business and professional records sufficient to
19 fully and accurately document the nature, scope, details and
20 receipt of the health care provided to persons eligible for
21 medical assistance under this Code, in accordance with
22 regulations promulgated by the Illinois Department. The rules
23 and regulations shall require that proof of the receipt of
24 prescription drugs, dentures, prosthetic devices and
25 eyeglasses by eligible persons under this Section accompany
26 each claim for reimbursement submitted by the dispenser of such

1 medical services. No such claims for reimbursement shall be
2 approved for payment by the Illinois Department without such
3 proof of receipt, unless the Illinois Department shall have put
4 into effect and shall be operating a system of post-payment
5 audit and review which shall, on a sampling basis, be deemed
6 adequate by the Illinois Department to assure that such drugs,
7 dentures, prosthetic devices and eyeglasses for which payment
8 is being made are actually being received by eligible
9 recipients. Within 90 days after the effective date of this
10 amendatory Act of 1984, the Illinois Department shall establish
11 a current list of acquisition costs for all prosthetic devices
12 and any other items recognized as medical equipment and
13 supplies reimbursable under this Article and shall update such
14 list on a quarterly basis, except that the acquisition costs of
15 all prescription drugs shall be updated no less frequently than
16 every 30 days as required by Section 5-5.12.

17 The rules and regulations of the Illinois Department shall
18 require that a written statement including the required opinion
19 of a physician shall accompany any claim for reimbursement for
20 abortions, or induced miscarriages or premature births. This
21 statement shall indicate what procedures were used in providing
22 such medical services.

23 The Illinois Department shall require all dispensers of
24 medical services, other than an individual practitioner or
25 group of practitioners, desiring to participate in the Medical
26 Assistance program established under this Article to disclose

1 all financial, beneficial, ownership, equity, surety or other
2 interests in any and all firms, corporations, partnerships,
3 associations, business enterprises, joint ventures, agencies,
4 institutions or other legal entities providing any form of
5 health care services in this State under this Article.

6 The Illinois Department may require that all dispensers of
7 medical services desiring to participate in the medical
8 assistance program established under this Article disclose,
9 under such terms and conditions as the Illinois Department may
10 by rule establish, all inquiries from clients and attorneys
11 regarding medical bills paid by the Illinois Department, which
12 inquiries could indicate potential existence of claims or liens
13 for the Illinois Department.

14 Enrollment of a vendor that provides non-emergency medical
15 transportation, defined by the Department by rule, shall be
16 conditional for 180 days. During that time, the Department of
17 Healthcare and Family Services ~~Public Aid~~ may terminate the
18 vendor's eligibility to participate in the medical assistance
19 program without cause. That termination of eligibility is not
20 subject to the Department's hearing process.

21 The Illinois Department shall establish policies,
22 procedures, standards and criteria by rule for the acquisition,
23 repair and replacement of orthotic and prosthetic devices and
24 durable medical equipment. Such rules shall provide, but not be
25 limited to, the following services: (1) immediate repair or
26 replacement of such devices by recipients without medical

1 authorization; and (2) rental, lease, purchase or
2 lease-purchase of durable medical equipment in a
3 cost-effective manner, taking into consideration the
4 recipient's medical prognosis, the extent of the recipient's
5 needs, and the requirements and costs for maintaining such
6 equipment. Such rules shall enable a recipient to temporarily
7 acquire and use alternative or substitute devices or equipment
8 pending repairs or replacements of any device or equipment
9 previously authorized for such recipient by the Department.

10 The Department shall execute, relative to the nursing home
11 prescreening project, written inter-agency agreements with the
12 Department of Human Services and the Department on Aging, to
13 effect the following: (i) intake procedures and common
14 eligibility criteria for those persons who are receiving
15 non-institutional services; and (ii) the establishment and
16 development of non-institutional services in areas of the State
17 where they are not currently available or are undeveloped.

18 The Illinois Department shall develop and operate, in
19 cooperation with other State Departments and agencies and in
20 compliance with applicable federal laws and regulations,
21 appropriate and effective systems of health care evaluation and
22 programs for monitoring of utilization of health care services
23 and facilities, as it affects persons eligible for medical
24 assistance under this Code.

25 The Illinois Department shall report annually to the
26 General Assembly, no later than the second Friday in April of

1 1979 and each year thereafter, in regard to:

2 (a) actual statistics and trends in utilization of
3 medical services by public aid recipients;

4 (b) actual statistics and trends in the provision of
5 the various medical services by medical vendors;

6 (c) current rate structures and proposed changes in
7 those rate structures for the various medical vendors; and

8 (d) efforts at utilization review and control by the
9 Illinois Department.

10 The period covered by each report shall be the 3 years
11 ending on the June 30 prior to the report. The report shall
12 include suggested legislation for consideration by the General
13 Assembly. The filing of one copy of the report with the
14 Speaker, one copy with the Minority Leader and one copy with
15 the Clerk of the House of Representatives, one copy with the
16 President, one copy with the Minority Leader and one copy with
17 the Secretary of the Senate, one copy with the Legislative
18 Research Unit, and such additional copies with the State
19 Government Report Distribution Center for the General Assembly
20 as is required under paragraph (t) of Section 7 of the State
21 Library Act shall be deemed sufficient to comply with this
22 Section.

23 (Source: P.A. 92-16, eff. 6-28-01; 92-651, eff. 7-11-02;
24 92-789, eff. 8-6-02; 93-632, eff. 2-1-04; 93-841, eff. 7-30-04;
25 93-981, eff. 8-23-04; revised 12-15-05.)".